



MEETING SUMMARY

CPD Directors Component Group

Date November 18, 2016
Time 9:00 AM -12:00 PM; 1:15-4:15 PM
Location Washington Court Hotel, Washington, D.C.

Attendees

Bogie, Margaret	American Society of Hematology
Bowers, Nancy A.	American Society for Reproductive Medicine
Brown, Lynn	American Society for Radiation Oncology
Bruno, Julie	American Academy of Hospice and Palliative Medicine
Carson, Sandra Ann	American College of Obstetricians & Gynecologists
DeVivo, Rebecca	American Academy of Physical Medicine and Rehabilitation
Englert, Shelby	American Urological Association
Fajardo, Dale	American Academy of Ophthalmology
Folstein, Steve	American Academy of Allergy, Asthma & Immunology
Gabler Blair, Patrice	American College of Surgeons
Gitlin, Susan A.	American Society for Reproductive Medicine
Granatir, Tom	American Board of Medical Specialties
Grupe, Anne D.	American Society of Clinical Oncology
Jaffe, David	American Academy of Pediatrics
Kendell-Ellis, Laurie	Alliance for Continuing Education in the Health Professions
Knight, Clifton	American Academy of Family Physicians
McKenna, Mindi K.	American Academy of Family Physicians
McKinney, Sean	American College of Physicians
Moeller, Kristen	American Psychiatric Association
Mourad, Wael S.	American Academy of Family Physicians
Murray, Vanita	American College of Obstetricians & Gynecologists
Naylor, Alisa	American College of Surgeons
Orlando-Castro, Julie	American Society of Hematology
Perelman, Robert H.	American Academy of Pediatrics
Radford, Jane	American College of Medical Genetics and Genomics
Rodmyre, Susan	American Academy of Neurology
Sachdeva, Ajit K.	American College of Surgeons
Samuel, Deborah A.	American Academy of Pediatrics
Shively, Audrey	American Academy of Otolaryngology-HNS
Simmons, Diane	American Academy of Dermatology
Whelan, Alison	Association of American Medical Colleges
Wilson, Beth	American Academy of Ophthalmology
Yarboro, Elizabeth	American College of Radiology
Ziemnik, Suzanne	American Society for Clinical Pathology



Meeting Minutes/Summary

Welcome and Introductions

Steve opened the meeting with a welcome and asked participants to introduce themselves. Attendees also were asked to share their reactions to the new ACCME commendation criteria.

ACTION ITEM: CPD Directors request a joint session with the CEOs at our next meeting in the Spring to discuss the criteria.

PROs Recap and Discussion

Integrating the Patient Voice in CPD: Dr. Andrea Pusic, ISOQOL

Attendees were asked to read an article by Chu et al. on patient inclusion in CME in preparation for the session. Dr. Pusic was the co-chair for the PROs Summit on November 17, 2016 and summarized the key points and the potential to incorporate PROs in CME. This is a growing area for including patient perspective and considering how to include in patient care. PROs are outcomes only patients can tell us about, not the traditional outcomes such as morbidity or mortality.

Some of Dr. Pusic's key points included:

The new model of healthcare is to improve quality of life; the benchmark of success is to ask the patient if quality of life has indeed improved. Traditional outcomes don't capture the full range of ways patients are affected. Limited resources need to be used wisely. PROs can tell us what works best from the patient perspective. Patients want information about expected outcomes from different treatments and hospitals. PROs help in clinical care, quality and comparative effectiveness, also value. They are measured by tools calibrated to work effectively and provide meaningful data at the individual patient level. An example is Breast-Q, which is a Memorial Sloane Kettering tool that looks at patient satisfaction, quality of life, adverse effects through series of questionnaires before and after breast cancer surgery.

CME opportunities may include Rasch psychometrics, which has methods of

- Interval, not just ordinal level measurement
- Clinically meaningful tools for individual patient measurement
- Computer adaptive testing and more effective electronic capture

Data reported can have both individual patient outcomes but can also be transposed on the collective reports from all patients who have completed the questionnaires. PROs can also be combined with reports from clinical outcomes. PROs can help answer questions about best care practices.

Questions:

What is the process for standardization? Starting to see benchmarking.

What are options for incorporating into CME? There is a need for clinicians to be aware and see opportunities for engagement and utilization, medical school curricula, eventually ways to incorporate PROs data into clinical practice. How would this work for non-patient facing programs (example: radiology, pathology)? More difficult, but there are areas where these intersect with patients.

Important to incorporate awareness of patient voice in CME activities to help clinicians personalize patient care. Another option would be to include some of these metrics in Performance Improvement CME activities and in registries.



MSS/Board Interaction Template: Audrey Shively

At the Spring 2016 Component Group meeting, an ACTION ITEM requested CMSS leadership to communicate with ABMS to encourage boards to work with MSS rather than independently acting on MOC activities. This could be accomplished with a blueprint for CMSS/CPD interaction with boards similar to the one for interaction with companies; possibly a whitepaper defining leadership role of CMSS in relationships with boards that defines benchmarks. This also would describe the relationships and role of CPD professionals within MSS. Audrey Shively volunteered to lead a task force to begin exploring this; Beth Wilson, Dale Fajardo, Julie Bruno, Lynn Brown, Elizabeth Yarboro, and Alisa Nagler volunteered to assist.

Audrey presented the proposed CMSS Guiding Principles for the Development, Implementation, and Management of Lifelong Learning and Continuing Professional Development. This is outlined in the attached report. It is still to be determined if this will be a White Paper or take some other form but will hopefully provide a strategy for organizational interaction to improve professional education by MSS. The group asked questions and made suggestions for the document, including the role of patients as stakeholders and ways to address interaction with governance. There was also discussion of the role of Internet Point of Care activities. The Outline will be updated and will be posted for comments.

Discussion of ABMS Issues:

Portfolio Program Pre-Sponsor Pilot (attachment), ABMS Meeting Approvals, PARS for ABIM MOC: Tom Granatir, ABMS

There are still questions about access to the Portfolio program for Part 4 MOC activities. The goal is to reduce barriers for physicians to access the materials, support physicians in accessing quality improvement activities, and improve ability for hospitals to use and support. ACCME is interested in creating structure for Part 4, but all is still a work in progress. The Part 4 Task Force recommended to the Board more consistency, better alignment with local environment activities, and better support and prioritization.

A question was raised about meeting approvals by multiple boards through ABMS for educational activities. Only 4 boards are participating in this approval process that are also in discussions with ACCME to integrate into PARS, which involves fees. ABMS will set up a call to discuss.

The following link provides access to a form to have ABMS facilitate activity review and approval by other boards: <https://www.surveymonkey.com/r/BXYZRXV> The contact at ABMS is:

Mr. Ilya Samovskiy

Coordinator, Academic Affairs

American Board of Medical Specialties

353 North Clark Street, Suite 1400

Chicago, IL 60654

AcademicPrograms@ABMS.org

Elections

Nominations were taken from the floor and confirmed for Chair, Vice-Chair, and Secretary

Chair: Steve Folstein, AAAAI

Vice-Chair: Shelby Englert, AUA

Secretary: Nancy Bowers, ASRM

Pesha Rubinstein, CME Coalition MACRA group rep



Joint Silo Session (CPD, ITI, QIPI, Registries, Guidelines)

The CPD Directors joined the ITI, QIPI, Registries, and Guidelines groups for open discussion on ways to identify and mitigate, where appropriate, silo behavior within organizations and within the CMSS.

ACCME: Kate Regnier, ACCME

Kate kindly agreed to meet with the group to answer a variety of questions and provide an update on ACCME activities.

- **Employees of Commercial Interests in CME**

In discussing the role of employees of commercial interests as faculty in certified CME, it was noted that the definition of “company” varies between CMSS and ACCME. Kate stated that ACCME is open to revisiting the definition to look at its relevance in the changing landscape of corporate structures where it is becoming increasingly difficult to determine ownership and relationship; for example, where an institution has a product line owned by a spinoff company. Other discussion included special use cases where employees are used as product tutors and ownership of intellectual property by a speaker. The critical component is whether there is a financial relationship related to the product. While ACCME is always available to discuss a specific relationship, she reminded the group that there are times when the decision is left to the CME provider to determine if the activity is independent of commercial interest.

- **CME, MOC, MIPS Activity to Meet CMS Requirements**

Kate requested that CPD directors send her examples of activities that demonstrate clinical practice improvement (Ex: PI-CME, Part 4 MOC) to assist in showing CMS that a single activity could be valid for multiple requirements. A task force may be convened by ACCME to address this before CMS develops its own criteria. Email her at kregnier@accme.org

- **Bridge Committee (ACCME/AMA)**

The Glossary developed by the Bridge Committee is now with the AMA for review. Requirements are based on shared principles and adult education principles.

- **ACGME and ACCME Discussions on continuum**

ACCME and ACGME are discussing a continuum of learning to “hand-off” the learner, help learners know where to go after achieving the Milestones, and CLER.

- **Other Questions about Meeting New ACCME Criteria for Commendation:**

- **Does ACCME have plans to minimize the additional burden on providers?**

Some of criteria are learner-based vs. activity-based vs. program-based. There are no current plans to allow providers to use PARS to document criteria compliance and compliant percentages of activities but this may be considered.

- **How are multi-year activities to be counted in meeting organizational metrics?**

This is a new question that ACCME will need to consider.

- **ACCME plans to provide compliance examples for the new criteria in 2017.**

Joint Simulation Session

The CPD Directors joined the ITI Component groups for open discussion on future direction for simulation.

The Meeting was adjourned at 4:15 p.m.

In a follow-up to the Meeting, Sean McKinney provided the following report from the October 2015 Survey on International CME compiled by the following CPD Component members:



Council of Medical Specialty Societies

- Deborah A. Samuel, MBA, Director, Division of CME, American Academy of Pediatrics
- Damon K. Marquis, MA, MS, Director of Education, The Society of Thoracic Surgeons
- Jane Radford, MHA, CHCP, Associate Director of Education, American College of Medical Genetics and Genomics
- Suzanne Ziemnik, Med, Vice President, Continuing Professional Development, American Society for Clinical Pathology
- Amy Smith, MBA | Manager, CME Credit Systems and Compliance, American Academy of Family Physicians
- Sean McKinney, Vice President, Medical Education, American College of Physicians

The survey generated 22 responses from CPD members. Results:

- 90% said they provided CME for international learners.
- 25% said they provided local international CPE credits.
- 90% said they offered international live CME activities.
- The highest participation was in the Middle East and Latin America.

After we discussed the survey at our November 2015 CMSS Meeting, we agreed on the following next steps:

1. Develop a resource on international CME.
2. Establish ongoing projects.
3. Review the most effective modalities.
4. Conduct periodic spotlight presentations.
5. Explore partnering on this issue with the CMSS Member Services component group and possibly with the Alliance for Education in the Health Professions (ACEHP), Global Alliance for Medical Education (GAME), Society for Academic Continuing Medical Education (SACME), and International Medical Society and Health Agency Network (IMSHAN).

General: Physicians in other countries generally do not pay for their own continuing education but rather have these fees covered by industry. This trend is changing as more countries adopt restrictions on commercial support and supporters dedicate less funding toward CME. (For example, ACP has found that reduced commercial funding has decreased licensing opportunities in Korea while also creating an opportunity in Italy for translation of a program for retail sale.)

ACP's presentation of the CMSS CPD Survey results to IMSHAN in July 2016 led to interest in interorganizational collaboration by the following IMSHAN members:

- Annamarie Hastings, Manager, Global and ISRS, American Academy of Ophthalmology, aHastings@aao.org
- Ellen Cohen, American College of Cardiology, Director, CME Accreditation & Maintenance of Certification, ecohen@acc.org
- Melissa Ketchum, American College of Cardiology, Senior Specialist, Accreditation and Maintenance of Certification, mketchum@acc.org
- Annamarie Hasting, American Academy of Ophthalmology, aHastings@aao.org
- Carol Christian, Membership and International Relations Manager, American Society of Plastic Surgeons, cchristian@plasticsurgery.org
- Lori Agbonkhesse, International Programs Senior Manager, American Urological Association, Chair, IMSHAN, lori@auanet.org
- Marisa McCarren, Director, International Programs, ACP, mmcarren@acponline.org



Council of Medical Specialty Societies

- Emily Seeling, Program Coordinator/Chapter Liason, International Programs, ACP, eseeling@acponline.org

Existing resources: Two attached CME resources are offered by the American Academy of Ophthalmology (“CME by Country” file) and by CCM, Inc. (“CME Booklet_March_2015” file). * CCM, a medical education and publishing company in the Middle East, indicates that this is its most updated document. I recommend that you use these resources only as a guide, mindful that information quickly changes and will likely need to be refined for specific projects through further investigation.

Possible next steps: Continue to explore steps 1-5. One challenge is that medical societies’ approaches vary widely, so organizations’ experiences and goals will differ in many cases. Creating a uniform resource that all could use would require creative thinking. Another challenge is that the creation and maintenance of a uniform and continually updated CME resource would be resource intensive. A conference call may yield fresh ideas. Allowing CMSS CPD and IMSHAN members to share strategies could encourage an ongoing effort. IMSHAN will hold one of its two yearly meetings at our office in Philadelphia Dec. 1-2. This issue is not on the agenda but I could ask to discuss it briefly.

* Special thanks to Annamarie Hastings of the American Academy of Ophthalmology and George Cherfan of CMM, Inc. for allowing us to access their International CME resources.